EXHIBIT C

United States Bankruptcy Court	DISTRICT OF Nevada
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR RECEIVED AND FIL
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	strative expense arising after the commencement
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Michael R Brines & Cindy G Brines Revocable Family Trust U/A Dated 11/5/94 C/O Michael R. Brines & Cindy G. Brines. TTEE Name and address where notices should be sent Michael R Brines	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this case.
4935 El Sereno Avenue La Crescenta, Ca 91214-3018 Telephone number (818) 249-4344 Last four digits of account or other number by which creditor	Check box if the address differs from the address on the envelope sent to you by the court. This Space is for Court Usi On Check here
identifies debtor	if this claim amends a previously filed claim dated 12/07/06
I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in 11 U S C § 1114(a) Wages salaries and compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed fromto
2. Date debt was incurred 03/04/03	3. If court judgment, date obtained
See reverse side for important explanations. Unsecured Nonpriority Claim \$ 385,559 79 Check this box if a) there is no collateral or lien securing your only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan - !! U S C § 507(a)	Which is Real Estate Motor Vehicle Other— Value of Collateral \$ Unknown Amount of arrearage and other charges at time case filed included a secured claim if any \$ 5.829 00 Up to \$2,225* of deposits toward purchase lease or rental of prope or services for personal family or household use - 11 U S C \$ 507(a)(7) Taxes or penalties owed to governmental units - 11 U S C \$ 507(a)(
5 Total Amount of Claim at Time Case Filed	\$ 385,559 79 \$385,559 79 \$385,559 79 (unecoured) (secured) (priority) (Total)
Check this box if claim includes interest or other charges in add interest or additional charges.	dition to the principal amount of the claim. Attach itemized statement of all
6. Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are volur. 8. Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the fill this claim (attach copy of power of attor.) O1/08/07 Michael B. Brines, Trustee and Cindy.	ents, such as promissory notes, purchase acts court judgments, mortgages security DORIGINAL DOCUMENTS If the minous, attach a summary ling of your claim, enclose a stamped, self-the creditor or other person authorized to mey, if any)

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FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	Dis	TRICT O	F_Nevada		PROOF OF CLAIM
Name of Debtor	Case	vumber			PROOF OF CEANIN
USA COMMERCIAL MORTOACE GO	06	-10	725-LB	R	
NOTE This form should not be used to make a claim for an administrative expense material to the case. A request for payment of an administrative expense material to the case.				cement	
Name of Creditor (The person or other entity to whom the	Che	k box if	ou are aware that a	nyone	
dibtor owis money or property) CHARLES R MARADEN TEAN MARADEN	1		a proof of claim reia	-	
TRUSTERS OF THE CHARLES JEAN MARADIN FAMILY TRUST DATED		ng particul	• •		
Name and address where notices should be sent 12/16/03) lune	,	ou have never received the bankruptcy court		E 1940 (1977)
Charles R MARADEN	case				
12585 CREEK CREST DR RENO NV 89511 Telephone number 775-851-8898	addı	ess on the	he address differs fr envelope sent to yo		THIS SPACE IS FOR COORE US ONLY
Last four digits of account or other number by which creditor		court.	replaces		
identifies debior	1	is claim		ously filed	clarm dated
1 Basis for Claim		كسيط	tiree benefits as de		
Goods sold Services performed		L La	st four digits of yo	ur SS # _	ion (fill out below)
Money loaned			paid compensation	for service	ces performed
Personal injury/wrongful death Taxes See Charbit A		fro	om(date)	to	(date)
I Out					
2 Date debt was incurred 9-18-04	3.	If cour	t judgment, date	obtained	
4 Classification of Claim Check the appropriate box or boxes the	nat best des	cribe you	r claim and state the	amount o	of the claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim 5/01,311 23		-	ed Claim		
Check this box if a) there is no collateral or lien securing you	ır claım, or	a right	Theck this box if yo of setoff)	ur claım ıs	secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	none or	Ι,	Brief Description of	Collateral	
Unsecured Priority Claim		1 5	Real Estate	Motor V	ehicle Ohei
Check this box if you have an unsecured claim all or part of	which is		Value of Collaterat	SUM	UKNOWN
entitled to priority			nt of arrearage and of claim, if any \$_		es <u>at time case filed</u> included in
Amount entitled to priority \$,	L			· · · · · · · · · · · · · · · · · · ·
Specify the priority of the claim	L				hase lease or rental of property schold use - 11 U S C
Domestic support obligations under 11 USC \(\frac{5}{2} 507(a)(1)(A) \((a)(1)(B) \)	or \Box	§ 507(a)	(7)	•	
Wages salaries or commissions (up to \$10 000) * earned with	☐ 081 m				tal units - 11 USC § 507(a)(8) of 11 USC § 507(a)()
days before filing of the hankruptcy petition or cessation of the deb business whichever is earlier - 11 U S C § 507(a)(4)	tors L *Ai			-	07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC \$ 507(with resp	ect to cases comme	nced on o	r after the date of adjustment
5 Total Amount of Claim at Time Case Filed	Ş		23 /0/3/1-		101311 23
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6 Credits The amount of all payments on this claim has been making this proof of claim	n credited a	and deduc	ted for the purpose	of 7	THIS SPACE IS FOR COURT US ONLY
7 Supporting Documents Avach cornes of supporting docum	<i>ients</i> , such	as promis	sory notes purcha	se !	
orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security					
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary					
8 Date-Stamped Copy To receive an acknowledgment of the f				self-	
Date Sign and print the name and title, if any of	the creditor	r or other	nercon outhorsed	<u> </u>	4 4 2007
file this claim (attach copy of power of atto	mey if an	y)	person aumonizeu	בוו דר	JAN 11 2007
1-8-07 (ha March				111	USA CMC
is juraden	TRUS	The			ALA ALLILA ÎN ÎNCÎ ÎN

FORM B10 (Official Form 10) (10/05)

REC'D APR 2 6 2007

UNITED STATES BANKRUPTCY COURT	Dı	STRICT O	or Ne	evada		
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR				PROOF OF CLAIM	
NOTE: This form should not be used to make a claim for an administrative expense matter than the case. A request for payment of an administrative expense matter than the case of the case.	strative ex ay be filed	pense arısı pursuant	ng afte	or the commencement JSC § 503	nt	
Name of Creditor (The person or other entity to whom the debtor owes money or property) Donna M Cangelosi, Trustee of the Donna M Cangelosi Family Trust	else you	has filed ir claim A ing particu	a proo Attach dars	e aware that anyone for claim relating to copy of statement we never received a	lo	
Name and address where notices should be sent Donna Cangelosi 5860 Lausanne Drive Reno, Nevada 89511	not case Che	ces from cck box if	the bar	nkruptcy court in th dress differs from th	118	
Telephone number (775) 530-7079 Last four digits of account or other number by which creditor identifies debtor	the Che	court.	✓ rep			THIS SPACE IS FOR COURT USE ONLY arm dated 12/12/06
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	L	Re War	tiree bages s	enefits as defined alaries and comper digits of your SS compensation for s	in 11 U ensation #	ISC § 1114(a) n (fill out below)
2 Date debt was incurred March, 2001	3.	If cour	t Judg	ment, date obtain	ned	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ 768,560 86 Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier - 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a)	r claim, or none or thich is	Amount secured by 507(a)(1) Taxes or 1) to the respondent sare	Check to of settle Property of Settle Property of Settle Property of Settle Property of Subject of Settle Property of Subject of Subject of Subject of Settle Property of Subject of Subjec	his box if your clair off) escription of Collate l Estate Moto f Collateral Learning and other cl if any \$_13,17 of deposits toward personal family, or es owed to governmapplicable paragrap	teral or Vehicunknot harges a 78 21 purchas househ mental i ph of 1	cured by collateral (including cle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other shapes in add		768,560 (unsecured	<u>n</u>	768,560 86 (secured)	(prior	768,560 86 (Total)
Check this box if claim includes interest or other charges in additional charges 6 Credits The amount of all payments on this claim has been making this proof of claim	credited ai	nd deduct	ed for	the purpose of	T	Mized statement of all SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting document orders invoices itemized statements of running accounts contract agreements and evidence of perfection of lien. DO NOT SEND documents are not available explain. If the documents are voluments are not available explain. If the documents are voluments are not available explain. If the documents are voluments are not available explain. If the documents are voluments are not available explain if the documents are voluments are not available explain. If the documents are voluments are not available explain if the documents are voluments are not available explain. If the documents are voluments are not available explain if the documents are voluments. 8 Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim. Date	ots court j ORIGIN Innous, attaing of your	AL DOC ach a sum claim, en	, mortį UMEI mary iclose i	gages security NTS If the a stamped self-	po (4 gm	
1/7/06 Fenulty for presenting frontilland formation of the presenting frontilland from the presenting frontilland formation of the presenting frontilland from the presenting frontilland from the presenting frontilland from the presenting frontilland from the presenting from the presen	ey if any			ustee	 	D JAN 10 200; usa cmc

FORM B10 (Official Form 10) (10/05)

"FIRST AMENDED"

United States Bankrupicy Court	DISTRICT OF <u>NEVADA</u>	PROOF OF CLAIM
Name of Dubtor USA COMMERCIAL MORTGAGE CO	Case Number BK-S-06-10725 LBR	FNOOF OF CLAIM
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma		
Name of Creditor (The person or other entity to whom the debtor owes money or property) David Fossati	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any	
Name and address where notices should be sent c/o Martin P Meyers 1000 SW Broadway, #1400, Portland OR 97205 Telephone number 503 227 1111	notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by	s Seace is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor	Check here replaces if this claim amends a previously filed clair	m dated <u>8-22-06</u>
1 Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other — See attached	Retiree benefits as defined in 11 U S Wages salaries and compensation (f Last four digits of your SS # Unpaid compensation for services pe from	fill out below) —
2 Date debt was incurred Various	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ See attached □ Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim □ Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$ To be det Specify the priority of the claim □ Domestic support obligations under 11 U S C \$ 507(a)(1)(A) of (a)(1)(B) □ Wages salaries or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C \$ 507(a)(4) □ Contributions to an employee benefit plan 11 U S C \$ 507(a) 5 Total Amount of Claim at Time Case Filed □ Check this box if claim includes interest or other charges in additional charges	Secured Claim Triclaim or none or Brief Description of Collateral Real Estate Motor Vehicle Value of Collateral \$Unknown Amount of arrearage and other charges at secured claim if any \$To be det Up to \$2 225* of deposits toward purchase or services for personal family or household \$507(a)(7) Taxes or penalties owed to governmental unions *Amounts are subject to adjustment on 4/1/07 are with respect to cases commenced on or after \$See attached See attached See attached (unsecured) (secured) (prioritical)	Time case filed included in lease or rental of property ld use 11 U S C solvents 11 U S C solvents 11 U S C solvents 12 U S C solvents 14 U S C solvents 15 U S C solvents 15 U S C solvents 16 U S C solvents 16 U S C solvents 16 U S C solvents 17 U S C solvents 17 U S C solvents 17 U S C solvents 18 U S C solvents 18 U S C solvents 18 U S C solvents 19
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contragreements and evidence of perfection of lien. DO NOT SEN documents are not available explain. If the documents are volu. 8 Date-Stamped Copy. To receive an acknowledgment of the final addressed envelope and copy of this proof of claim. Date. Sign and print the name and title if any of file this claim (attach copy of power of atto). Martin P. Meyers, OSB M9. 99082. Att	FILE FILE FILE The creditor or other person authorized to riney if any)	DONOV 01 200 USA CMC 1072500898

UNITED STATES RANKRUPTCY COURT	-3 Fn	- tered 08/08/11 17:	08:53 lba	GL Kramp	
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OF OF CLAIM	YOUR CLAIM IS SCHEDULED AS		
Name of Debtor	Case Nur	mber	Schedule/Claim II		
1104.0		25-LBR	Amount/Classifica	ation	
and the state of t		2J-LDN	\$11 538 46 Unse		
NOTE See Reverse for List of Debtors and Case Numbers	<u> </u>		842,140	36 Secured	
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment	pense	Check box if you are aware that anyone else has	, , , , ,		
administrative expense may be filed pursuant to 11 U S C § 503	oran	filed a proof of claim relating	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no		
Name of Creditor and Address					
JOYCE E SMITH TRUST DATED 11/3/99	01113		other claim agains	It the Debtor you do not need to file EXCEPT as stated below	
C/O JOYCE E SMITH TRUSTEE		never received any notices	· ·	nown above are listed as Contingent	
3080 RED SPRINGS DR LAS VEGAS NV 89135 1548	I		Unliquidated or D	Disputed, a proof of claim must be	
	1	Check box if this address differs from the address on the	filed If you have air	eady filed a proof of claim with the	
Condition Talleria		envelope sent to you by the	Bankruptcy Court	or BMC you do not need to file again	
Creditor Telephone Number (162) 240 -800 7 Last four digits of account or other number by which creditor identifies	ele han	court	THIS SPAC	E IS FOR COURT USE ONLY	
	debtor	Check here replace or amen	a previously	filed claim dated	
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S		Unremitted principal	
Goods sold Personal injury/wrongful death Services performed Taxes		alaries and compensation (Other claims against servicer	
		digits of your SS #	·	(not for loan balances)	
Money loaned Under (describe briefly)	Unpaid co	ompensation for services pe	rformed from	to	
2 DATE DEBT WAS INCURRED 11-21-13	3 IE CC	OURT JUDGMENT, DATE C	DTAINED	(date) (date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or hoves that	best describe	e your claim and state the amour	nt of the claim at the	e time case filed	
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim, or b) in	Our claim	Check this box if yo	our claim is secu	ired by collateral (including	
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	r claim is	a right of setoff)			
UNSECURED PRIORITY CLAIM		Brief description of		—	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate		26-	
Amount entitled to priority \$ 1153		Value of Collateral		2,140,35	
Specify the priority of the claim		Amount of arrearage ar secured claim if any	nd other charges トイス。	at time case filed included in 140.36	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits towa			
Wages salaries or commissions (up to \$10,000)* garned within 190 days	L 1	services for personal family of			
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to gove			
Contributions to an employee benefit plan 11 USC § 507(a)(5)	L	Other Specify applicable para Amounts are subject to adjus			
5 TOTAL AMOUNT OF CLAIM \$ 11529 (16. \$		with respect to cases commend		date of adjustment	
AT TIME CASE FILED	7	140.36 \$		\$ 853,678,02	
(unsecured)	,	ecured)	(priority)	(Total)	
Check this box if claim includes interest or other charges in addition to the					
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS. Attack payments of the second of the se	dited and d	educted for the purpose of r	naking this proof	f of claim	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts contracts court judgments mortgages security a	acreement	s and evidence of nertection	notken DONK	oces itemized statements of OT SEND ORIGINAL	
if the control is the documents are not available explain. If the c	documents	are voluminous attach a su	mmary		
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stampe	d self addresse	d envelope and copy of this	
The original of this completed proof of claim form must be sen	it by mail o	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT	
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	ı, prevailin	g Pacific time, on Novemb	er 13, 2006	USE ONLY	
governmental units) BY MAIL TO				FLED OCT 3 1 2006	
BMC Group	BMC Grou	•			
Attn USACM Claims Docketing Center P O Box 911		CM Claims Docketing Cente Franklin Avenue	r	USA CMC	
El Segundo CA 90245 0911	El Segund	lo CA 90245		10725 ₀₀₈₀ 2	
DATE SIGN and print the name and title if any of the first claim (attach copy of power of action)	e creditor or o	other person authorized to file			
10-28-06 (Della & An	501	Bustan			

Cal	Se Ub-10725-0WZ	·3EII	erea 08/08/11 17 0	18.53 Pau	<u>e / OLLL</u>		
	TES BANKRUPTCY COURT TRICT OF NEVADA		OOF OF CLAIM				
Name of Debtor		Case Nu	mber	ĺ			
USA Commercial	Mortgage Company	06-107	25-LBR				
This form should not be us arising after the commend	List of Debtors and Case Numbers sed to make a claim for an administrative exp rement of the case A "request" for payment ay be filed pursuant to 11 USC § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		.Y OWED MONEY BY A BORROWER BEING SERVICED BY THE		
BRECHT 640 COLO FULLERT	MARSHAL TRUST DATED ZA DNIAL CIRCLE ON CA 92835 SUDLL J & JANET - BREE	5/86	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the	DEBTORS YOU I OF CLAIM THIS BORROWER HEI DO NOT FILE TH SECURED INTER ONE OF THE DE	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT		
	per (7/4) 992-2779		envelope sent to you by the court	Bankruptcy Court or BMC you do not need to fil THIS SPACE IS FOR COURT USE O			
	or other number by which creditor identifies	debtor	Check here replace	ces a previously	filed claim dated		
1 BASIS FOR CLAIM		Dotuce !	Li amei		□ Unrom/to-d ======		
Goods sold Services performed Money loaned	☐ Personal injury/wrongful death☐ Taxes ☐ Other (describe briefly)	Wages s	penefits as defined in 11 U S salaries, and compensation (digits of your SS # compensation for services pe	fill out below)	Unremitted principal Other claims against service (not for loan balances)		
	SEE EXHIBIT A	Oripaid	ompensation for services pe	anomied nom	(date) to (date)		
	URRED NOV 11 ZOOZ		OURT JUDGMENT, DATE C				
4 CLASSIFICATION OF See reverse side for impor	CLAIM Check the appropriate box or boxes tha tant explanations	t best descri		unt of the claim at t	he time case filed		
UNSECURED NONPRIC	PRITY CLAIM \$ 1,709,011		SECURED CLAIM	l	and have a state and for the document		
Check this box if a) the	ere is no collateral or lien securing your claim or b) e property securing it or if c) none or only part of you	your claim our claim is	a right of setoff) Brief description of		red by collateral (including		
UNSECURED PRIORITY			Real Estate		e 🔲 Other		
Check this box if you had entitled to priority	ave an unsecured claim all or part of which is		Value of Collateral	_			
Amount entitled to prior	ity \$			UNE	<u>at time case filed</u> included in		
Specify the priority of th			secured claim, if any	\$ <u>25,30</u>	S moduled in		
	ations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family of	ard purchase lease	or rental of property or		
before filing of the bank	nmissions (up to \$10 000)* earned within 180 days truptcy petition or cessation of the debtor's	, <u> </u>	Taxes or penalties owed to go				
i ——	earlier - 11 U S C § 507(a)(4) ployee benefit plan - 11 U S C § 507(a)(5)		Other Specify applicable part				
			* Amounts are subject to adjust with respect to cases commen				
5 TOTAL AMOUNT OF () + 1, 13 4, 5 11	1,709,			\$ 1,709,011		
1	(unsecured) includes interest or other charges in addition to the	•	ecured) amount of the claim Attach ite	(priority) mized statement o	(Total)		
7 SUPPORTING DOC running accounts con DOCUMENTS If the 8 DATE-STAMPED C	nt of all payments on this claim has been cree CUMENTS Attach copies of supporting docu- tracts court judgments, mortgages security a documents are not available, explain If the co OPY To receive an acknowledgment of th	<u>uments,</u> su agreement documents	ich as promissory notes pure s and evidence of perfection are voluminous, attach a sui	chase orders, inv of lien DO NO mmary	oices, itemized statements of T SEND ORIGINAL		
proof of claim	ompleted proof of claim farm which	4 has	a bond dol 1 /2 1/22 **	IOT			
ACCEPTED) so that if for each person or eigovernmental units)	ompleted proof of claim form must be sen t is actually received on or before 5 00 pm ntity (including individuals, partnerships, o	n, prevailin corporatio	g Pacific time, on Novembons, joint ventures, trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY		
BY MAIL TO BMC Group Attn USACM Claims I P O Box 911 El Segundo CA 90248		Attn USA 1330 East	OR OVERNIGHT DELIVERY TO up .CM Claims Docketing Cente t Franklin Avenue do CA 90245	- I H	D JAN 12 2007		
DATE //10/07	SIGN and print the name and title if any of the this claim (attach copy of power of attor	ne creditor or ney if any)		, Trustee	USA CMC		

UNITED STATES BANKRUPTCY COURT-DIS	TRICT OF NEVADA	PROOF OF CLAIM -Chapter
Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	(This space for court use)
NOTE This form should NOT be used to make a claim for an administrat the case. A "request—for payment of an administrative expense may be fil	ove expense arising after the commencement of ed pursuant to 11 U.S.C. Section 503	
Name of Creditor (The person or other entity to whom the debtor owes moncy or property) George J Motto, individually and on behalf of his Individual Retirement Account	☐C heck box if you are aware that anyone clse has filed a proof of claim relating to your claim Attach copy of statement giving particulars	
Name & address where notices should be sent Joe Laxague, Esq Cane Clark LLP 3272 E Warm Springs Las Vegas, NV 89120	☐ Check box if you have never received any notices from the bankruptcy court in this case ☐ Check box if the address differs from the address on the covelope sent to you by the court.	
Telephone number (702) 312-6255 Account or other number by which creditor identifies	Check here if this claim	
debtor	□replaces □amends a p	previously filed claim, dated
1 BASIS FOR CLAIM ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal mjury/wrongful death ☐ Taxes	☐ Retirce benefits as defined in 11 U ☐ Wages salaries and compensation Your Social Security # Unpaid compensation for servi	on (FILL OUT BELOW) uces performed from
☐ Taxes☐ Other	(date)	10(date)
2 Date debt was incurred varies	3 If court judgmen	it, date obtained
4 Total amount of claim at time case filed see attachments) If all or part of your claim is secured or entitled. Check this box if claim includes interest, or other charges	d to priority, also complete Item 5	or 6 below
5 Secured Claim Check this box if your claim is secured by collateral (including a right of setoff)	6 Unsecured Priority Claim. Check this box if you have an u Amount entitled to priority \$	
Brief description of collateral Real Estate	Wages salarics or commis before filing of the bankrup business whichever is earl	ssions up to \$4,650* earned within 90 days ptcy petition or cessation of the debtor s are- 11 U S C § 507(a)(3)
Value of collateral \$\sunknown\$ Amount of arrearage and other charges at time case	☐Up to \$2 100* of deposits Or services for personal, fa ☐Alimouy maintenance or	yee benefit plan 11 U S C § 507(a)(4) toward purchase lease or rental of property umly or household use- 11 U S C § 507(a)(6) support owed to a spouse former spouse or
filed included in secured claim if any \$\frac{\text{amount due in full}}{\text{ull}}\$	☐OTHER-Specify applicable	governmental units 11 U S C § 507(a)(8) e paragraph of 11 U S C § 507(a)() 4/1/98 and every three years thereafter with respect to cases
7 Credits The amount of all payments on this claim has be purpose of making this proof of claim. 8 Supporting documents Attach copies of supporting documents of running judgments mortgages security agreements and evidence SEND ORIGINAL DOC UMENTS. If the documents are documents are voluminous attach a summary. 9 Date-Stamped copy. To receive an acknowledgment of stamped self-addressed envelope and a copy of this proof.	(This space for court use) FILED NOV 13 2006	
Date Sign and print the name and title if any of authorized to file this claim (attach copy of John J Laxague, Esq	USA CMC	
Penalty for presenting fraudulent claim Fine of up to \$500	000 or imprisonment for up to 5 years of	or both 18 USC §§ 152 & 3571

____ Case 06-10725-gwz Doc 8884-3 Entered 08/08/11 17:08:53

ASE JOHN JOHN JOHN SERVICE SERVICES AND ASSESSMENT OF THE SERV		OOF OF CLAIM	YOUR CLAIM IS SCHEDULED AS		
Name of Debtor	Case Number		Schedule/Claim ID s32390		
			Amount/Classification		
USA Commercial Mortgage Company	06-10	725-LBR	\$145 99 Unsecured		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex	pense	Check box if you are			
arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	of an	aware that anyone else has filed a proof of claim relating			
Name of Creditor and Address ROBERT H PERLMAN & LYNN R PERLMAN TRUST DATED 9/17/92 C/O ROBERT H PERLMAN & LYNN R PERLMAN TRUSTEES 2877 PARADISE RD UNIT 3501 LAS VEGAS, NV 89109 5278	01532	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the		
	·· ···	envelope sent to you by the court	Bankruptcy Court or BMC you do not need to file again		
Creditor Telephone Number 762 369 -0112	dahtas	Count	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies 1878	deptor	Check here replace or if this claim amen	a proviously filed claim detect		
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a) Unremitted principal		
Goods sold Personal injury/wrongful death Services performed Taxes	Wages,	salaries, and compensation (r digits of your SS #	· · ·		
Money loaned	Unpaid o	compensation for services per	rformed from to		
2 DATE DEBT WAS INCURRED	Ta JE C	OUDT IUDOMENT DATE O	(date) (date)		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that I		OURT JUDGMENT, DATE O			
See reverse side for important explanations			it of the stand time case mea		
UNSECURED NONPRIORITY CLAIM \$ 1,012, 942		SECURED CLAIM Check this box if you	our claim is secured by collateral (including		
Check this box if a) there is no collateral or lien securing your claim, or b) you exceeds the value of the property securing it, or if c) none or only part of your entitled to priority	our claim r claim is	a right of setoff) Brief description of			
UNSECURED PRIORITY CLAIM		Real Estate			
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$		
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage an secured claim, if any	nd other charges <u>at time case filed</u> included in		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)			rd purchase lease or rental of property or		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		,	household use 11 U S C § 507(a)(7) ernmental units 11 U S C § 507(a)(8)		
business whichever is earlier 11 U.S.C. § 507(a)(4)		Other Specify applicable parag	graph of 11 U S C § 507(a) ()		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)			tment on 4/1/07 and every 3 years thereafter sed on or after the date of adjustment		
5 TOTAL AMOUNT OF CLAIM \$ 1, 1 & 7, 000.05		\$	\$ 1,187,000 00		
AT TIME CASE FILED (unsecured)	•	ecured)	(pnority) (Total)		
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach iter	mized statement of all interest or additional charges		
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts, court judgments, mortgages, security a DOCUMENTS of the documents are not available, explain of the documents.	<i>ments,</i> su igreement ocuments	ch as promissory notes purc is, and evidence of perfection are voluminous, attach a sur	hase orders, invoices, itemized statements of of lien DO NOT SEND ORIGINAL mmary		
DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	filing of y	our claim, enclose a stamped	d, self addressed envelope and copy of this		
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, c governmental units)	prevailin	ig Pacific time, on Novemb	er 13, 2006 USE ONLY		
	BY HAND (BMC Grou	OR OVERNIGHT DELIVERY TO	Tiled Date 9/26/2006		
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Center	4 26 200G		
		: Franklin Avenue lo CA 90245			
DATE , SIGN and ornt the name and talle if any of the	creditor or o				
9/22/06 thut claim (attach dopy of power of attorne		rsta	USA CMC		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	for up to 5 y	rears or both 18 U S C §§ 152	AND 3571 1072500245		

ORM B10 (Official Form 10) (10/05)	Description	or or	· N	levada	05 05 01 ANA
UNITED STATES BANKRUPTCY COURT	DISTRI	CI OF		ievaua	PROOF OF CLAIM
Name of Debtor (15A COMMERCIAL MONTLAGE (0	Case Number 06-10725-LBR				
NOTF This form should not be used to make a claim for an administrative expense may					
Name of Creditor (The person or other entity to whom the debtor owes money or property) ANTHUR F & LYAA S SCHATER TRESTERS EF THE SCHATZER LIMBE TREST DATED Name and address where notices should be sent ARTHUR TEER	else ha your congiving Check notice case	s filed a laim A particul box if	a protection protection in the contraction in the c	have never received any bankruptcy court in this	
70155 NE 387 CT, #1604 AVENTURA, FL 33180 Telephone number 305-932 8035	Check addres the co	ss on the	e en	address differs from the livelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	1	here	Ц	replaces amends a previously filed	i claim dated
identifies debtor 0983	if this	claım			
Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other			age ast npa	ee benefits as defined in les salaries and compensal four digits of your SS # _ aid compensation for servicet (date)	tion (fill out below) ices performed
Other —	3.	If con		judgment, date obtained	
2 Date debt was incurred JCAC, 2004 4. Classification of Claim Check the appropriate box or boxes to					
Unsecured Nonpriority Claim \$\frac{1}{77490340}\$ Check this box if a) there is no collateral or lien securing your claim exceeds the value of the property securing it, or if conly part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of entitled to priority Amount entitled to priority \$\frac{1}{2}\$ Specify the priority of the claim Domestic support obligations under 11 U S C \(\frac{5}{2}\) 507(a)(1)(A) (a)(1)(B) Wages, salaries or commissions (up to \(\frac{5}{2}\) 10 000) * earned will days before filling of the bankruptcy petition or cessation of the debusiness whichever is earlier 11 U S C \(\frac{5}{2}\) 507(a)(4) Contributions to an employee benefit plan - 11 U S C \(\frac{5}{2}\) 507 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in	which is or thin 180 ebtor s *A 7(a)(5)	Amo secul Up to or serv § 507-Taxes Other mounts with r	Viscount street (a) (a) (a are see sp.	ref Description of Collater Real Estate Motor alue of Collateral \$	vehicle Other— orges at time case filed included in 32, 33 orchase lease or rental of property ousehold use - 11 U S C ental units - 11 U S C § 507(a)(8) th of 11 U S C § 507(a)() without and every 3 years thereafter or after the date of adjustment (priority) (Total)
Check this box it claim includes interest of other charges in interest or additional charges 6 Credits The amount of all payments on this claim has be			_		THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents and evidence of perfection of lien DO NOT Signature documents are not available explain. If the documents are with addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, file this claim (attach copy of power of the company of the copy of power of the copy of the copy of power of the copy of th	numents, such intracts counting END ORIG columnous, are filing of y	t as pro t judge lINAL lattach a our class tor or o	mis nent DO sur m, (ssory notes, purchase ts mortgages, security CUMENTS If the mmary enclose a stamped self-	ED JAN 1% 2007
Penalty for presenting fraudulent claim. Fine of up to \$500 00	7/			up to 5 years or both 18 U	USA CMC US

	PRO	OF OF CLAIM			
Name of Debtor	Case Nu	mber	†		
USA Commercial Mortgage Company	06-107	725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	WHOSE LOAN IS	Y OWED MONEY BY BEING SERVICED DO <u>NOT</u> HAVE TO F	BY THE
SHULER MICHAEL 201 VALHALLA SOLVANG CA 93463	3	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	OF CLAIM THIS BORROWER HEI DO NOT FILE TH	INCLUDES MONEY LD IN THE COLLECT IS PROOF OF CLAIN REST IN A BORROW	FROM THAT ION ACCOUNT I FOR A
Creditor Telephone Number (865 350 -0063		Check box if this address differs from the address on the envelope sent to you by the court	If you have ain Bankruptcy Court	eady filed a proof of coor BMC you do not not not not not not not not not no	eed to file again
Last four digits of account or other number by which creditor identifies	debtor	Check here repla	aces	filed claim dated	
1 BASIS FOR CLAIM	Detiree t	if this claim ame	nds	Unremitted p	uncinal
Goods sold Personal injury/wrongful death Services performed Taxes] Wages	salanes and compensation of digits of your SS #	• ' '	- 1	against servicer
Money loaned	Unpaid o	compensation for services pe	erformed from	to _	(date)
2 DATE DEBT WAS INCURRED 3/7/05, 4/1/05, 2/4/0	6 3 IF C	OURT JUDGMENT, DATE (OBTAINED	(0000)	(date)
4 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that See reverse side for important explanations	t best descr	be your claim and state the amo	ount of the claim at	the time case filed	
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			l
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your children to priority		a right of setoff)		red by collateral (in	çluding
UNSECURED PRIORITY CLAIM		Brief description o		-	1
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collatera			
Amount entitled to priority \$		Amount of arrearage a secured claim if any	and other charges	at time case filed	included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	r	Up to \$2 225* of deposits tow			
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	; ;	services for personal family Taxes or penalties owed to g	or household use -1	11 USC § 507(a)(7)	
business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other Specify applicable pa *Amounts are subject to adju	ragraph of 11 USC	§ 507(a) ()	
E TOTAL AMOUNT OF OLD IN		with respect to cases comme			
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED (unsecured)		39,932 - \$ secured)	(priority)	_ \$ _ Z399	32 - Fotal)
Check this box if claim includes interest or other charges in addition to the	•	•	**	,	'
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain. If the	<i>uments,</i> si agreement	uch as promissory notes pui ts and evidence of perfectio	rchase orders inv	oices itemized sta	tements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	d envelope and cop	of this
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n, prevailir	ng Pacific time, on Novemi	ber 13 2006	THIS SPACE USE C	
governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center	Attn USA	ACM Claims Docketing Cent			1
P O Box 911 El Segundo CA 90245-0911		st Franklin Avenue ido CA 90245		LED OCT 1	0 2006
DATE SIGN and print the name and title if any of the this claim (attach cape) of power of attor		or other person authorized to file		LED OUT I	<u> </u>

